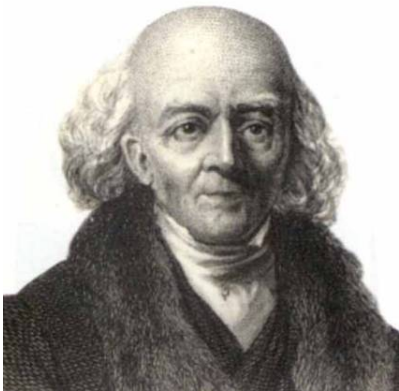


# ***Awen Homeopathy***



**Remote Area  
Homeopathy  
Clinics**



**Samuel Hahnemann  
to  
David Little**

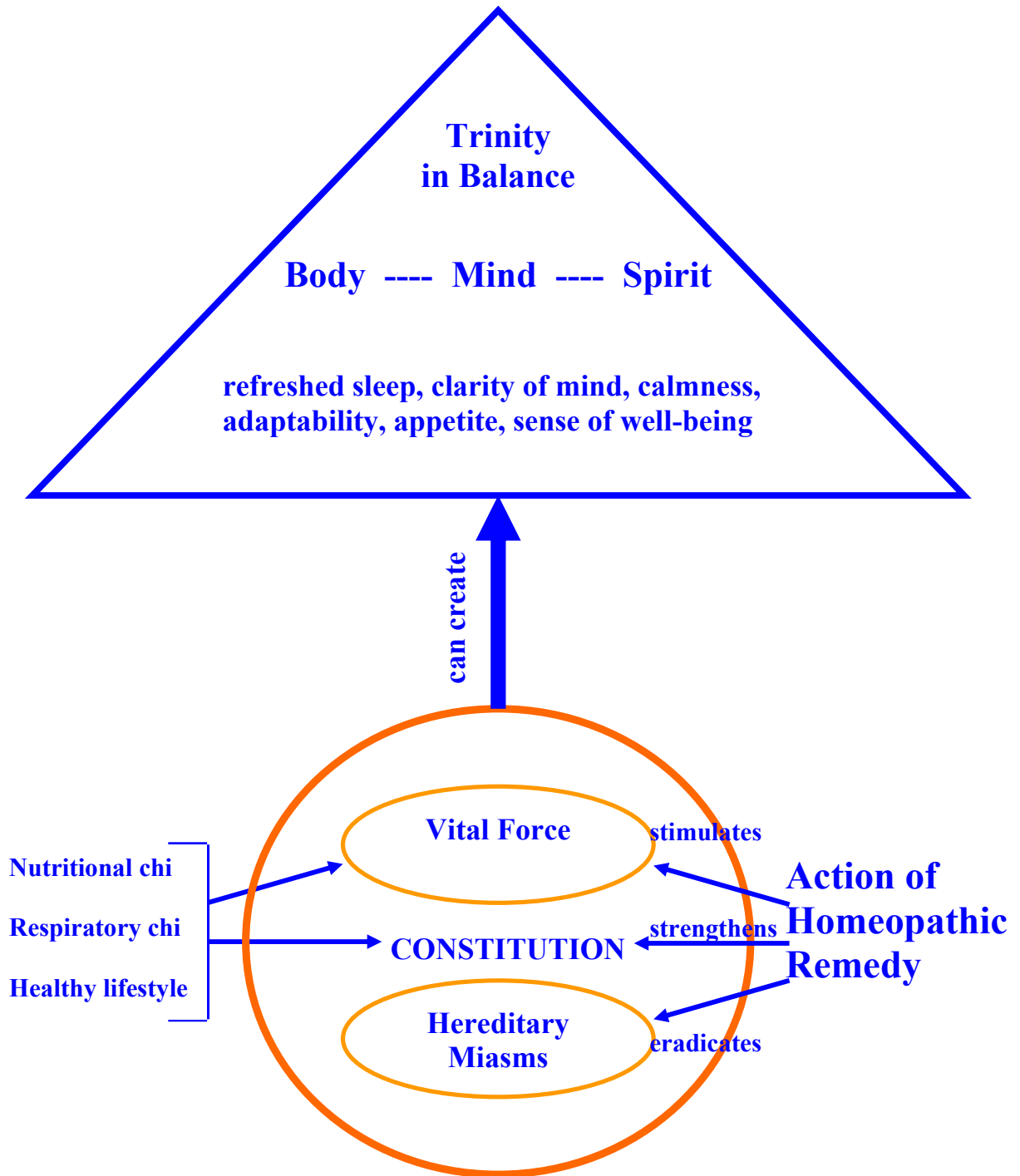


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# The Homeopathic Paradigm of Healing





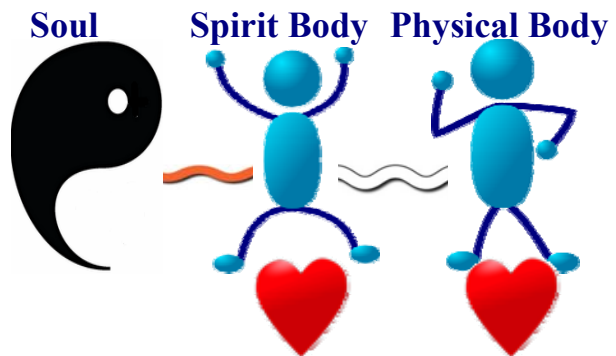
**SOUL** ~ **SPIRIT BODY** ~ **PHYSICAL BODY**

Our memory and intelligence are housed within our soul, our mind is housed within our spirit body, and our brain is within our physical body. Our soul animates the spirit body which in turn animates the physical body. It is the disconnection of the silver cord between the spirit body and the physical body that results in the death of the physical body. The spirit body, which looks much like the physical body, goes on living. Emotional injuries become blocked within our soul, such injuries are reflected through the spirit body and then into the physical body as illnesses.

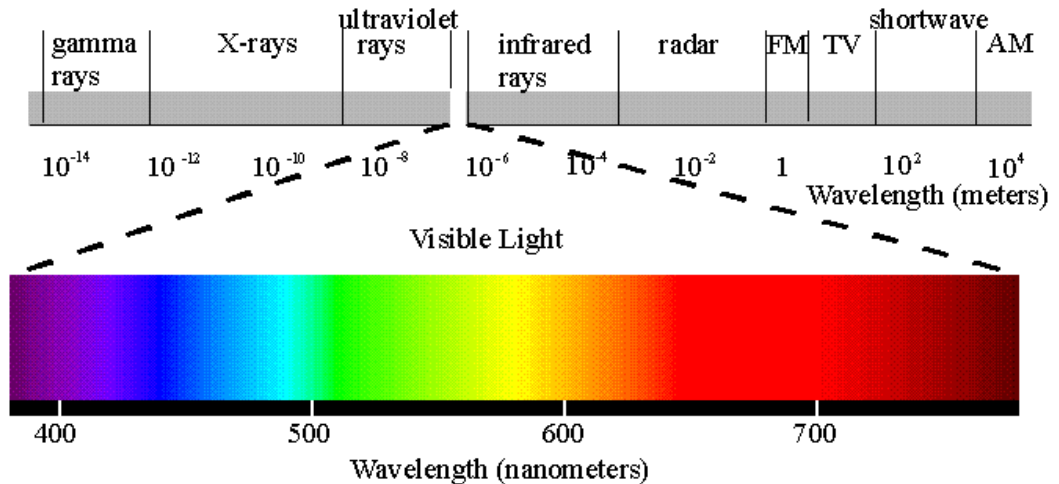
**PURPOSE of ORGANS within OUR BODIES:**

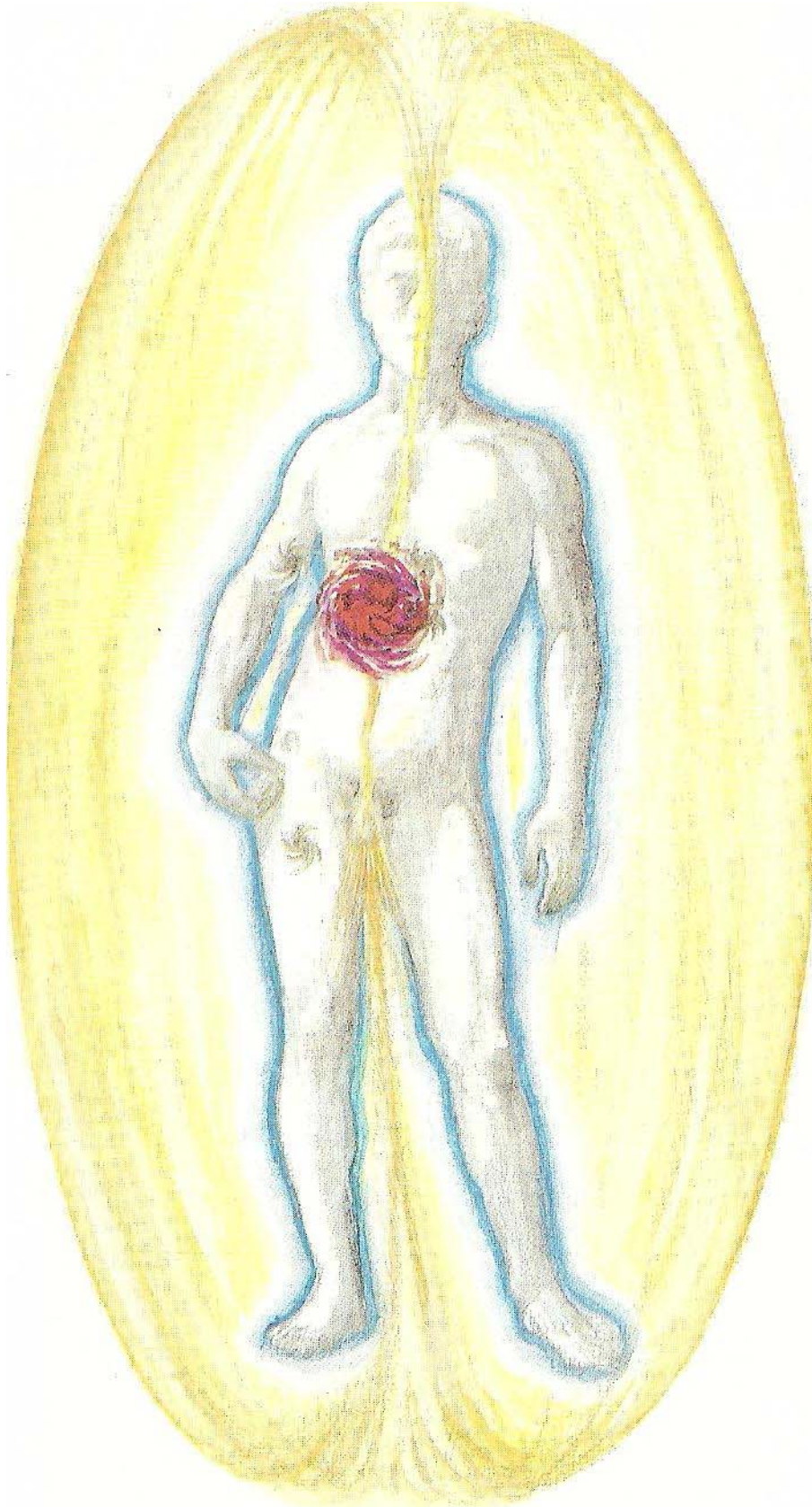
How the organs within the physical body as well as the spiritual body are dependent upon the soul. The organs all work to keep the soul connected to the body. This is to enable the soul to experience life through the body.

The rate at which the heart beats within the spirit body is much faster than within the physical body.



**Visibility:** Body - limited sight of colour.  
 Spirit - expanded visibility.  
 Soul - complete spectrum of colour.





**Note the torus energy field being observed around the spirit body.**

**Fissures appearing in the spiritual body (etheric body) being clearly visible to a clairvoyant.**

**Such fissures being generated by negative emotional errors held with one's soul.**

**These fissures are a precursor to a physical illness emerging in the material body within a similar location as that seen in the spirit body.**

**Diagrams from  
Barbara A  
Brennan  
Hands of Light and  
Light Emerging.  
Figure 24-1**



## HOMOEOPATHY – AFFORDABILITY – IMPOVERISHED COMMUNITIES:

<http://www.narayanihomeopathy.com/narayani.htm>

In 1974, Norma **Harman** (being also known as Swami Narayani) started her own classes, beginning with 10 students, to teach Homeopathy in South Africa. The clinics began expanding at a tremendous rate in South Africa and Mauritius. With the addition of new students and increasing interest in this field the set of mixtures had expanded to almost 150. At this point Homoeopathy was also revived at the *Sivananda Ashram* in Rishikesh India, where after the passing of Swami Sivananda, Homeopathy had lost ground to conventional Western medicine. Norma began teaching classes all over India to continue the teachings of Swami Venkatesa. In 1980, Norma retired to India to pursue spiritual studies. At this time *The Venkatesa Mobile Clinic* in Durban was run by Humesh Kapitan, while Bala Lodhia emigrated to Canada to practice Homeopathy.



Swami Narayani's method of Homeopathy and Norma's "Narayani Remedies" are administered to this day in many areas of India, South Africa, Mauritius, Italy, France and Canada. The Narayani formulas have now expanded to 215 mixtures and from feedback from practitioners throughout the world these remedies have and are still showing great success. There are many centres in India and South Africa where there is only the use of these formulas and the results are excellent. This does not discount the use of single classical remedies on the contrary there is better understanding of single remedies.

Norma had also developed her own method of teaching Homoeopathy and alternate health which is quite different to schools of classical Homoeopathy. **This method had to be developed through necessity because she would go to remote areas and train the locals to take care of their own people. This method of health care was very cost effective and could reach more people.** Together with Swami Ananda, Swami Narayani had written the Handbook of healing which is at present being used as part of a curriculum in Homoeopathy at a few teaching institutions in India.

### **New Frontiers – David Little**

There have always been those who are on the new frontiers of homoeopathy. Jan Scholten is one of them.

Because of the need to take homeopathy out of the realm of the mystic, and into the world of science, Jan Scholten's research into the mental and physical healing properties of the Minerals in the Periodic Table has far reaching benefits to not only Homeopaths, but to all those in the healing professions. His work is now being taught in many Homeopathic Teaching colleges, giving homeopaths a greater understanding of the healing properties of the mineral kingdom.



In the past, much of the work of many proficient Homeopaths was lost. Their work is never integrated into the greater homoeopathic materia medica and *has* not passed down through the generations. This is true of the biochemical remedies originally introduced by Hering which Schussler made into his Biochemical Cell Salts.

Biochemical Cells Salts are used to this day in both naturopathic practices as well as homeopathic practice but the general public know little about them. They are available, over the counter, to the general public, in Chemist stores, as well as Health food stores.

Biochemical Cells Salts are the basis of a sophisticated system of homoeopathic nutrition.

In Asia David Little sees terrible malnutrition. He states that Vitamin and mineral supplements just upset these individuals digestive systems, are passed out in the urine, and cause side-effects even in moderate doses. They do little over all good. As an individual one can not give them all more food, change their housing, nor up grade the unsanitary conditions (although I do my best).

In his personal study in which he gave only the 12 biochemical cell salts to 100's of serious malnutrition cases suffering numerous diseases, he noticed that the affects of these low potency nutritional remedies was astounding. The children flowered on the same poor diets in the same poor unsanitary conditions. The elders gained quality of life, pains reduced, and their vitality increased without a change of lifestyle. In a great majority of the individuals the traditional signs of nutritional deficiency quickly disappeared along with a great number of the symptoms. This experiment was carried out with only 12 remedies and basic biochemical rubrics. No other nutritional system can do this! This system could be taught to those working with the malnutrition in a few months. You can not do this with homoeopathy (which works even better) but takes 5 years of training. The cost of this method is lower then any other alternative. Hering's introduced the idea of using the biochemical remedies but no one in homoeopathy has really followed up on the potential of homoeopathic nutrition. Dr. Schussler took up the work but went his own way. It hasn't grown since.



## **RATIONALE for VIBRATIONAL MEDICINES – HOMEOPATHY:**

Diseases and disorders alter the electromagnetic properties of molecules, cells, tissues, and organs. In addition to the familiar regulatory systems studied by physiologists, the human body contains an electromagnetic control network. Ancient methods such as acupuncture recognise, understand and treat via these systems. Modern research is determining their biophysical mechanisms and electromagnetic ‘languages’.

Vibration medicines such as homeopathy demonstrate that similar or even better results can be obtained by providing the electromagnetic fingerprint or signature of a natural substance (Smith 1994). ‘Energetic pharmacology’ distinguishes this approach from conventional chemical pharmacology.

**A substance, or its electromagnetic signature, challenges the defence and repair systems to respond, without the side-effects of pharmacological interventions. In some cases an imbalanced system is restored by introducing a signal that cancels a discordant or pathological frequency that is disturbing the body.**

In bodywork and movement therapies, the emanations from a therapist’s own tissues can provide electromagnetic information that opens or augments vital communications in a patient’s tissues. Light and sound therapists apply energies of particular frequencies to appropriate points on the body (e.g. ‘colourpuncture’, Mandel 1986).

**The human body emits vibratory information that precisely specifies the activities taking place within.**

**Homeopathy and other vibrational medicines take advantage of the water system and its great sensitivity to electromagnetic fields.** Perhaps the troubling ‘artifact’ of water absorption actually explains how homeopathic dilutions and the body’s water system absorb information from a substance. **‘Water memory’ does not violate any laws of physics or nature. It simply means that our understanding of water is incomplete.**

**In homeopathy, molecular signatures are transferred from a biologically active molecule to the water in which it is dissolved.** This happens when the homeopathic physician ‘succusses’ the sample. Succussion is a method of vibrating or sending a shock wave through a solution. **Dissolved molecules are made to vibrate intensely and coherently, and they therefore emit their electromagnetic signatures (emission spectrum).**

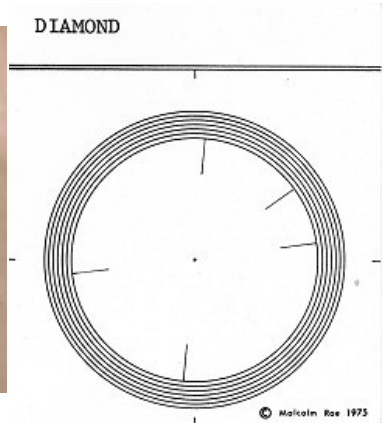
One plausible mechanism for water memory storage, published by Smith (1985), is that hydrogen bonds hold water molecules together in a helical structure that acts like a coil. The magnetic components of fields emitted by the vibrating molecules induce current flows through the water helix. These currents reverberate within the water structure, much like the ringing of a tuning fork.

**Even when the sample has been diluted to the point that the original molecule is gone, the signals stored in the water continue to vibrate for a long time. Upon further dilution and succussion, the reverberating signals transfer to other water molecules used to dilute the sample.**

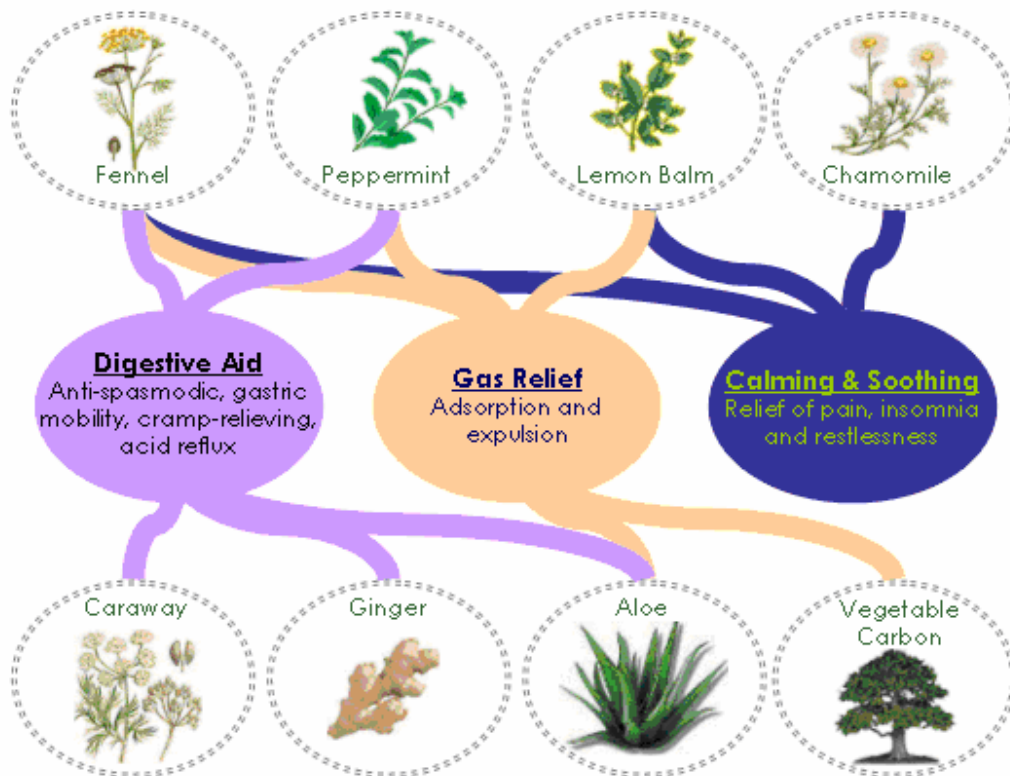
The ability of atomic systems to recall coherent electromagnetic pulses is known to physicists (Brewer & Hahn 1984). Several independent reports document storage of information by water (e.g Trincher 1980).

Homeopathy introduces into the body the healing vibration that is necessary to rectify the imbalance and restore harmony.

Malcolm Rae has recorded the vibrational levels of some 3,000 remedies on cards which enables the accurate delivery via a Potency Simulator as shown here.



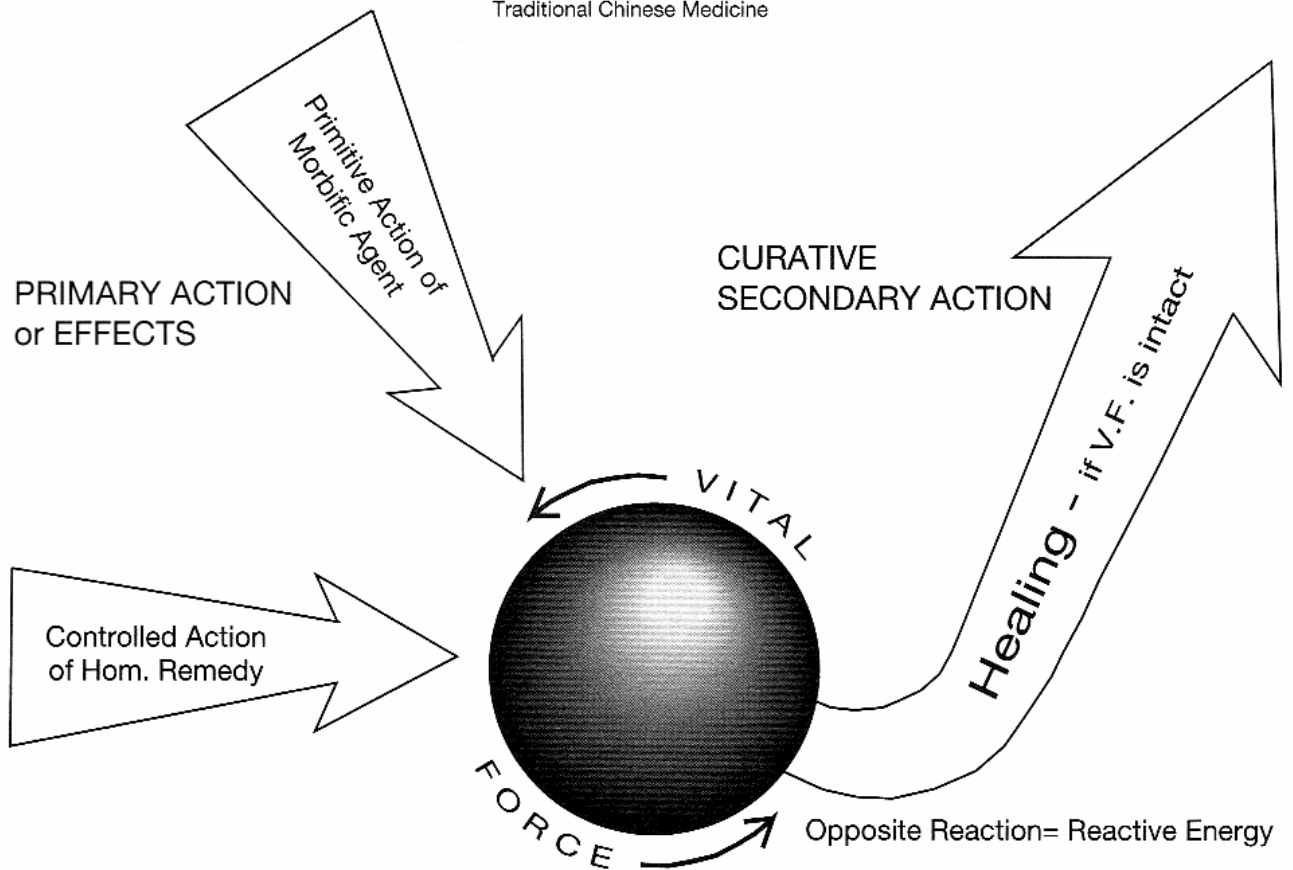
### Colic Calm – Homeopathic Treatment Chart



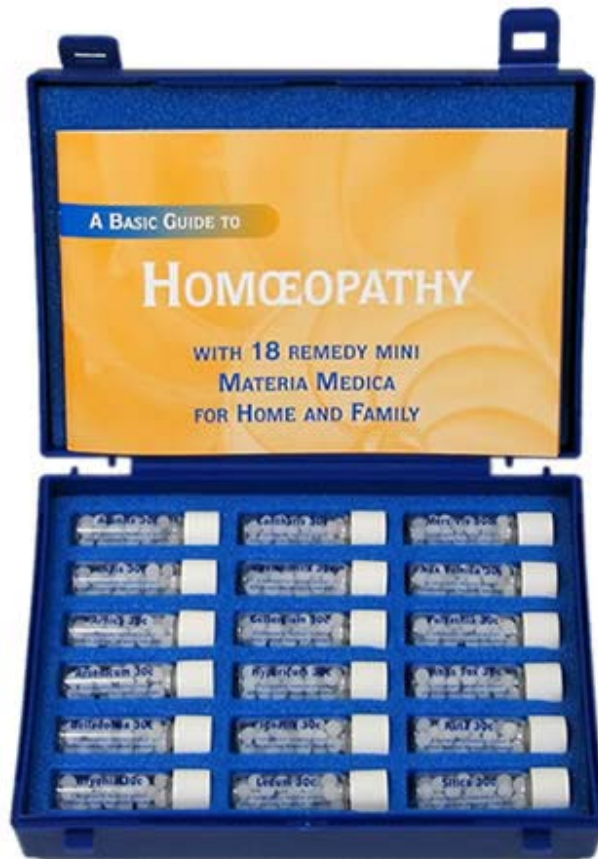


Internal: Seven emotions	External:* Six pernicious Qi's	Not external* Not internal
☹️ Anger	🌀 Wind	🍷 Life style
😊 Joy	* * Cold	🌟 Injury
😟 Worry	💧 Damp	☠️ Poisons
😭 Grief	🔥 Fire	🧴 Homeopathic Remedies
😞 Melancholy	🌳 Dryness	
😱 Fear	☀️ Summer heat	
😨 Terror		

\* external climatic factors in Traditional Chinese Medicine



**Primary and Secondary Action  
of a Homeopathic Remedy and Morbific Agents**



**SOHAM FOUNDATION:****ROLE of PRACTITIONERS**

Soham Series of Natural Healing Volume -1  
Swami Narayani & Swami Ananda

“Healing” is a comparatively easy work, especially in its restricted sense as removal of the symptoms of illness, mostly physical and to an extent mental. But healing as the restoration of wholeness is quite another matter.

In order to restore wholeness, the physician should be established in the “centre”. That is where the bhavana happens: both the Nimitta bhavana (“I am but an instrument in God’s hands”) and Narayana bhavana (“I am serving the Lord in all”). Without the right bhavana work becomes mere labour; with the right bhavana it is transmuted into worship. “Work is worship: dedicate it to God,” Said Gurudev Sivananda. If you have the right attitude, the Lord Himself places the right remedy in your hands and it works in strict accordance with His Will. This indeed is the special characteristic and qualification of Soham Homeopathic Healing.

It is not the number of patients you treat, or the number of hours you spend at the healing centre, but it is the spirit with which you render this worshipful service of the Lord who comes to you pretending to be sick, that elevates you spiritually, that counts.

**Preface**

This book had its beginning many years ago, when Swami Venkatesananda gave lessons in Homeopathy to a small group in Durban, South Africa. The participants were given a few remedies and a handbook with suggestions from Swamiji to open a clinic in a poor area.

The clinic grew and many others came to help and wanted to learn; and so the teaching for clinic work came into being.

Swami Venkatesananda suggested that as we were going to Mauritius, we could teach a few members at the Ashram; but members took their own course. Ninety students enrolled and the Sivananda Healing Centre came into being. “Bread For the World Association” had just donated a beautiful mobile unit for the work to be extended to the villages.

Swamiji again encouraged teaching in India. Classes were held and free clinics opened in Bangalore, Bombay, Ahmedabad, Baroda, Bhavnaga and Rajkot during the years 1980 to 1983.

The courses were eventually compiled and published in a book called “Handbook on Healing”, and later Book Two was published and later again “Homeopathy – a New Look”.

In 1984 SOHAM SANCTUARY ASHRAM took shape on the banks of River Narmada at Tilakwada in Baroda District of Gujarat State in India, the activities being the manufacturing of Home-kits, a clinic for tribal population of the surrounding villages, research into new method of healing and spiritual guidance in the form of camps, satsang, etc.

**SOHAM FOUNDATION:** (Regd No E-3721 / Vadodara)

SOHAM FOUNDATION, a sister Trust of SOHAM SANCTUARY, was established on 20 May 1986. It was, primarily, formed to look after the Distribution of Shivananda Homeopathic Homekits / villagekits and publication of all books written by Mataji Narayani and Swami Ananda. Since 1 August 1992, it has taken over all the activities of Soham Sanctuary, Tilakwada and now works from its new Centre at Vadodara.

**ACTIVITIES of SOHAM FOUNDATION**

1. Village Health Service:

Soahm Foundation mobile services render free homeopathic medical aid to about 40 villages in Vadodara District namely in Waghodia, Ajwa-Nimeta and Tilakwada area. A trained doctor accompanied with dedicated healers visit these villages and treats the patients with free Homeopathic medicines. Training of Gram-Sewaks and volunteers from these villages is undertaken and subsequently free villagekits are provided to them so that they may offer services to their respective village whenever needed.

2. Free Homeopathic Clinics:

Soham Foundation clinics at Vadodara offers free homeopathic treatment four times a week. It is attended by qualified doctors and experienced healers. Number of clinics are running within Vadodara in association with other Trusts and these services have given relief to hundred of people from their acute and chronic ailments.

3. Manufacturing and Marketing of Shivanda Homeopathic Homekits and Villagekits:

Twenty Homeo remedies comprised in the Homekit / Villagekit are manufactured by the institution under a licence from the Government of Gujarat. These 20 remedies are supplied in a plastic box along with a guide book in English, Hindi or Gujarati as required by the healer. Over 200 day-to-day ailments are covered to prevent any possible serious or chronic illness. It has been an experience of one and all who use them that these remedies are not only effective but are quick working and without any side effects. The HOMEOPATHIC FIRST AID BOOK accompanying the HOMEKIT / VILLAGEKIT has an alphabetical index listing common ailments, making it easy for any layman or housewife to use the KIT. A bigger version of HOMEKIT containing the same 20 remedies is named as VILLAGEKIT which is available for Villages or Camps.



4. Publication of Books:

All books written by Mataji Narayani and Swami Ananda on Homeopathy and Spiritual matters are published from Vadodara. A magazine "Light of Soham" published quarterly gives Mataji's spiritual discourses, latest research in Homeopathy and other articles related to health and healing.



Publications presently available are:

Handbook on Healing Part I  
 Handbook on Healing Part II  
 Shivanance First Aid Book  
 Perfect Balance of Homeo & Organo Remedies  
 Vibronic Mixture  
 Soham Series of Natural Healing Vol – 1  
 Soham Series of Natural Healing Vol – 2  
 Soham Series of Natural Healing Vol – 3  
 Soham Series of Natural Healing Vol – 4  
 Soham Series of Natural Healing Vol – 5  
 Soham Series of Natural Healing Vol – 6  
 Soham Series of Natural Healing Vol – 7  
 You Have to Find You  
 Looking Within - I & II  
 Self Analysis  
 Treasury

5. Satsang: (*Do you want this info in?*)

Satsang takes place every Thursdays at the Centre with Bhajans. Recorded Discourses of Mataji are also played. Talks and discourses are held inviting respected Swamis and eminent speakers. Guru-Purnima and Mataji and Swamiji's birthdays are celebrated with joy and enthusiasm. Spiritual camps are held when Swamiji is in India.

6. Other Activities:

Lectures in Homeopathy and other healing methods are held at the Centre. Learned speakers are invited to speak on alternative therapies and healing systems. Free homeopathic diagnostic camps are held in Vadodara and surrounding villages every year with the help of dedicated healers and hundreds of people are treated with our medicines.

7. Donation Schemes:

- a. Adopting a Patient: Donor of just Rupees 500/- provides free medicine for ONE patient for all the 365 days in the year, out of interest amount from this donation only.
- b. Adopting a Village: Donor of Rupees 7,500/- can adopt a village which will receive free Homeopathic service through a village healer supported by the Soham Foundation mobile services in due course, through the income generated out of this fund.
- c. Building fund.
- d. General fund.

**SOHAM FOUNDATION:****METHODS of CONSULTATION**Soham Series of Natural Healing Volume -5  
Swami Narayani & Swami Ananda**Individual Treatment**

Take time in taking a case history. This is information about the patient from birth to the present moment. If possible, it is good to get information about any incidents before birth, e.g. shock or any accident experienced by the mother which had an effect on the unborn child. This is most important in cases where, from birth, there has been a problem, such as mental deficiency or disability.

Question the patient on all present symptoms – the duration of the symptoms, the time they are worse, what makes them worse or better, the colour of the phlegm (if any), constipation, colour of urine, tension. Find the causes, such as shock, fright, anger, fear or hatred. Enquired about his place of employment and what substances he works with – this can play a very important part in the choice of remedy.



These are just a few items to begin the questioning. As you speak and listen to him, many more questions will come up, relevant to the conversation. You may then decide how you are going to treat him and what remedy or remedies you are going to use. If he has worries and problems, discuss these with him by giving him affirmations and positive thoughts to help him out of his negative state. All this takes time, but this the true Homeopathic way of treatment. You must get all the facts in order to find the correct remedy. The ruling is that, whatever has happened to a person, from the time of conception until the present, mentally and physically, plus any miasms brought down in blood, makes him what he is today.

**Treatment at Clinics**

Here at Soham Foundation they have something very different. You cannot spend an hour with one patient while fifty others are waiting. You must do the best you can for him in the shortest possible time. This is, of course, where your mixtures become very important and where efficient organisation plays a big part.

**Organisation**

If your clinic is not organised and you do not have everything at your finger-tips, then all becomes a complete muddle for the practitioner and the patient. You must organise your helpers and yourself as well as the patients.

**The Patients.**

The patients must have a place to sit. Only the patient being attended to must be with the practitioner – and of course anyone whom they want to be with them. Those waiting must be made, in a very gentle manner, to sit down and must not be allowed to stand and listen to the problems of the patient on hand. Although there may be many people, endeavour to give the patient as much privacy as possible. No matter how poor one is, dignity is one's birthright; therefore, it is our duty to respect that dignity.

### Practitioners

For a large clinic, three to four practitioners may be required, each working in his own cubicle or, if space is not available, in his own corner. It is most essential that each one has his own analysis sheet. You must have this in order to check what remedies are available. As more remedies are added to the clinic stock, you must add these to your remedy list. This is important for your efficiency, as every minute counts and you must learn to use each minute to the fullest and still remain relaxed, making your patient relax too.

A *Materia Medica* or your Handbook is a must. No Homeopath can work without this. Swami Venkatesananda, with all his knowledge, would call for a *Materia Medica* to refer to.

See that your patient is sitting close to you, not across the table. His chair must be in a position whereby you can place your hand on his shoulder with no effort. This makes a tremendous difference when you are wanting to establish a rapport between you and him in a matter of seconds. In clinic work, the quickest way to get that communication is by touch. Most of those that come to you are beaten by life – they need a touch. People just love it. They do not see it as a 'touch' but as affection and love, something that they all need. You working with feelings – remember this.

### System of Work

The practitioner writes out the card, taking down important details. If there is a long history, as there often is, then ask the patient to write the details down and bring them to you the following week. You can then go over these details at your leisure. You then choose your remedies and write out the envelopes, giving details of dosage and time, so that the compounder knows how many pills to give out – for example, two pills, TDS, for one week.



If this is not done, pills will be wasted. The remedy packets are then placed in a larger envelope on which the patient's number is written. The patient must be told to return the packet intact. If there is a message

for the compounder, write it on a separate piece of paper, e.g. one does of *Bacillinum 200* to be given into the mouth now. If for some reason there is no compounder, each practitioner does his own compounding.

### The Compounder

The compounder must be alone or with his helper. In order to work efficiently, the remedies must be placed in alphabetical order. Normally we set them out in four sections, namely, singles – low potencies; singles – high potencies; mixtures; tissue salts – low potencies, the high being placed the high singles. In this way, it is easy to find your remedy quickly. There must be a measure where pills TDS for one week and for two weeks have been counted out and the vial marked. This is there to save time and pills. If there are just two or three doses to be given, count out the pills.



### The Organiser

This is the person who sits the patient down when they arrive and gives them numbers. When a practitioner has finished with a patient, he organises the next patient. He, above all, must be tactful, cheerful and must be able to make patients feel welcome.

A very important rule is 'first come, first served' – unless, of course, someone is fainting or needs immediate attention. Each person must take his turn. The trend in the world seems to be that those of worldly importance must be served as soon as they come in. At our clinics, this does not happen. The organiser must very tactfully explain that people come a long way and it is not fair to make them wait longer. With a few pats on the shoulder, he feels that he is part of this little conspiracy and is only too pleased to fit in. You must remember that if it is done for one person, it must be done for all. If twenty people come in one afternoon for a quick fit in, what happens to all your poor patients who are waiting and cannot afford a taxi or bus to take them home? Once this rule is carried out, it is amazing how people adhere to it. If you feel that you cannot do this, then explain that you cannot give him preference at a clinic, but you will see him at home.



### Refilling Remedies



There must be an arrangement made between members of the group as to who is going to refill the bottles for the next clinic. The best way is to make a roster, so that every one has a turn. It is good to have two people refilling at a time. If you begin the clinic with almost empty containers, the clinic will not run smoothly.

### Reliability

Remember that many people are depending on you – those of the group and the patients. If you cannot come to clinic, let someone know so that you may be replaced. It is most important that you be on time. If you care, you will realise that all these people have left home early and made a tiring and painful effort to get to you because they have faith in you. Is this not an excellent reason for you to be on time?



There seems to be this feeling that this is not important. To me, being on time is the most important factor. We wish to serve. We must do so in the true sense of the word, which means love and understanding for the other person's feelings. This 'not caring' is very easy to slip into if we are not aware.

There are times when being late cannot be avoided. We must, however, get our scales of values correct. Having unexpected visitors, for instance, is not a valid excuse. If you were about to go to work, you would not be late. Your family and friends must know that this is not a game. You must be at the clinic on time.

Remember, service begins with one another. If we cannot think of the other person in our group, leaving all the 'donkey work' to him, then we will never make Homeopaths and never lift anyone off the ground floor because we are still there ourselves. A potent prayer which should be in all the clinics is, "Lord, do unto me tomorrow what I have done to my fellow man today."

It can be seen therefore that having a clinic is not just handing out pills. There must be organisation, calmness, love and understanding between you and your patients. If these rules are adhered to, your clinics should be just wonderful and will give you and the patients tremendous joy and satisfaction.



### NOTES

#### Allergic Reactions

There is absolutely no fear of a patient being allergic to any Homeopathic remedy because the remedies are vibrations and are therefore subtle and not gross energies.

### Medium

The vibration can be carried in pilules, diluted in alcohol or in plain distilled water which has to be kept in the fridge because in hot weather, the water turns sour.

### A Diabetic

A diabetic should be given a liquid (fifteen drops of the remedy added to a thirty ml bottle of distilled water) because the sugar pilules may affect the patient.



### An Alcoholic

An alcoholic should not have alcohol in his remedy so it is best to give him pilules. The alcohol content in the pilules has evaporated and only the vibration is left. The remedy could however be potentised into plain distilled water but the shelf life is then not good.

### A Pull Out

There are many teachings about proving remedies. Proving can happen in the lower potencies up to about 4X but not in high potencies. You can prove only when there are some gross particles left.

If there is a reaction (the condition seems to be worsening), it is because the remedy has disturbed something lying in the system and therefore is 'pulling out'. This is a good sign. Please see that what is not in the body, cannot come out of it.

If and when a pull out occurs, the patient must know how to deal with it.

The medicines should be stopped and the symptoms allowed to die down. If they are very severe, and this is not often the case, then sniff some gross camphor. Now begin again ... one dose. If there is a reaction, stop and let the symptoms recede, otherwise continue.

This method should continue until there is no reaction, which will then prove that whatever the remedy was pulling out in the form of detoxifying, is complete. In most cases, the reaction is slight and one can cope ... for example, nausea, weakness, aching body, tiredness, itching of skin, headaches and so on. In fact, any symptom can occur because the remedy can affect the entire body and when stirred up, the weakest point will be effected.

If a fever goes up, use cold packs of ice water into which a cup of brown vinegar has been added. Giving two Panados every four hours also relieves but do not rush to the doctor. Understand the principle,

especially today, as ninety nine percent of patients have been under medical drugs and have suppressed conditions. When the ‘pull out’ symptoms have died down, then give one dose and wait and see. If a remedy pulls out, that is the remedy to cure.

One of the most important points is to find the cause – without this, there is no cure.

## PRESCRIBING

The use of more than one remedy

This method is foreign to many but, if you understand that the whole planet is made up of wavelengths and that everything on the planet has its own wavelength, then you see another law unfolding. If you are using, for instance, four Homeopathic remedies and the Allopathic remedies which the patient is taking, they will enter the system simultaneously and do their own work on their own level.

It should be noted here that we have mentioned using both Allopathic and Homeopathic remedies together. For over twenty years, we have used this system and it has never caused a problem. We have proved that the Homeopathic remedies still work in spite of the strong Allopathic drugs.



## Stopping Allopathic Drugs

When people have been on Allopathic drugs for a long time, it is not good to stop them suddenly, as many Homeopaths are prone to do, because it causes drug withdrawal, causing more unnecessary suffering and bringing in its wake yet another set of symptoms.

Secondly, as the patient has not yet acquired faith in Homeopathic treatment, he becomes afraid when he can no longer lean on the remedies he has been used to and has depended upon for so long.

Let him continue and either he or his doctor will begin to taper them down when necessary.

A GOOD PHYSICIAN ... is one who is able to size up a situation and see where to begin and how to continue.

You may have many points to clear in a patient who has a long standing complaint, as well as having to treat him for his present condition. This can be done simultaneously using this method.

We feel that *four remedies* is a good margin to work with, although this is not a hard and fast rule. By this we mean four remedies given at once.

Some practitioners like to work with each section at a time for two weeks and often, by the time they reach the ninth level of treatment, there is little or no need for anything more.

Too many people make too many rules. Let us not make more, but use our common sense and sixth sense, seeing each person as a unique unit, and proceed from there. If we do this, where is there a need for rules?

### Inimical Remedies

As regards Homeopathic remedies being inimical to each other, this is a rule that we have never observed and never had a problem with. We do not see how this can be proved.

It is not the remedy that is having an effect, it is the patient's 'reaction' which we regard as a pull out – and therefore a good sign. We have seen *Belladonna* bring out a very severe reaction in a suppressed glandular fever, and yet for years we have used it in much higher potencies, as well as in the 30 potency, and have never had another pull out with this remedy.

It is not inimical remedies or high potencies that do it – it is that each person is unique and you cannot therefore make rules.





## REMOTE COMMUNITY HEALTH PROJECT:

### PROJECT CLEAR EAR – AUSTRALIAN INDIGENOUS COMMUNITY:

**Preventative treatment for upper respiratory tract infections leading to acute otitis media in children living in remote aboriginal communities.**

#### Rationale for Program

Australian Aboriginal children in remote communities, have the worst rates of **acute otitis media (AOM)** or middle ear infection, in the world, with almost every child suffering an average of 32 weeks of infection between 2 and 20 years, compared with 2 weeks for non-indigenous Australians. The condition causes deafness, often with significant loss of education and social consequences' (Dunbar 2003 online).



The World Health Organization recognizes that a prevalence of AOM of greater than 4% in a population indicates a massive public health problem. AOM affects up to ten times this proportion of children in many Indigenous communities in Australia (Harvey 2002 online).

Acute otitis media (AOM) commonly follows an upper respiratory tract infection in children. Repeated middle ear infections can lead to 'glue ear', perforated ear drum, hearing problems and deafness. The period of incubation is variable, but usually AOM is preceded by 4 to 7 days of upper respiratory tract infection with associated signs such as a runny or stuffy nose or a cough. Older children often complain about ear pain, ear fullness, or hearing loss. Younger children may demonstrate irritability, fussiness, or difficulty in sleeping, feeding, or hearing. Fever may be present in a child of any age (Report of the New South Wales Chief Health Officer 2004 online).



Current medical treatment for AOM includes antibiotic therapy and Myringotomy, (see appendix 1) however, before the invention of antibiotics, a safe alternative treatment, homeopathy, was used successfully to treat upper respiratory tract infections and sore ears. Recent peer reviewed trials have confirmed that homeopathy in the treatment of AOM, has shown a positive effect in acute otitis media when compared with a placebo. In the comparison with children on homeopathic remedies compared with antibiotic treatment, the following results were shown, ‘of the "homeopathic" children who did have another earache, 29.3% had a maximum of three recurrences, while 43.5% of the "antibiotic" children had a maximum of six recurrences’ ( Friese et al). (see appendix 2)

In remote communities precious time is lost in the treatment of AOM because of the distances involved in transporting health workers from the closest health facilities available. If indigenous women were trained to dispense safe homeopathic remedies at the first onset of upper respiratory tract infections, and sore ears, then prevention of further middle ear complications may be averted. Project Clear Ear would also offer a much needed opportunity for vocational education and training of indigenous women as identified by the Waltja Tjitungku Palypayi Aboriginal Corporation project, Security for women (S4W 2003 online).

### **Target group**

VULNERABLE GROUP: Children under five years of age with reoccurring acute otitis media (AOM).

The NSW Department of Health, (2004 online) has identified otitis media, particularly those aged under five years as a major problem leading to hearing loss in aboriginal children. Homeopathic treatment, for the past 200 years, has assisted in preventing this complication occurring after upper respiratory tract infections.

TARGET POPULATION: persons caring for these children in isolated aboriginal communities.

### **Aims and Objectives**

#### **Objective 1 –**

- To prevent acute otitis media in children in remote aboriginal communities, by introducing preventative natural methods, dispensed by local community women, to stop the cycle of upper respiratory tract infections leading to AOM.

#### **Objective 2 –**

- To offer training, and possible employment, to indigenous women.
- To safely administer homeopathic remedies in a bid to prevent upper respiratory tract and early ear inflammation leading to AOM in indigenous children.

The clear ear program is a very simple, grass roots training program, for indigenous women as health carers within their individual communities, overseeing, and dispensing, homeopathic remedies to children identified as being in the high risk category for acute otitis media. It is designed not to replace existing programs, but to compliment them, by providing safe natural methods as a first line of defence for the treatment of upper respiratory tract infections which commonly lead to AOS.

In remote communities, orthodox health care is not always immediately available because of the long distances involved. Homeopathic care in the hands of trained individuals, is a safe, relatively easy to understand and administer, first aid alternative, to assist in combating upper respiratory tract and ear infections. Project clear ear will empower the indigenous women to take a more active role in their communities health, and to offer additional support to health care professionals in the early detection of AOM.

A similar successful program, administered by the Soham Foundation, has been running in villages in India and Africa where medical doctors and homeopaths work together to render homeopathic medical aid to villages. Villagers are then subsequently trained and provided with village kits so that they may offer services to their respective village whenever needed. The costs of treatment in India is 7,500rp (approximately AU\$220) per village or 500rp (AU\$15) per person for 365 days (Narayani et al. 2000). Homeopathic remedies, here in Australia cost approximately AU\$10 per bottle with enough pillules to treat about 50 children. Therefore, the costs associated with the implementation of project clear ear within the community would mainly be related to the training, and in some cases, the wages of the individuals involved. (see appendix 3)



Homeopathic remedies, here in Australia cost approximately AU\$10 per bottle with enough pillules to treat about 50 children. Therefore, the costs associated with the implementation of project clear ear within the community would mainly be related to the training, and in some cases, the wages of the individuals involved. (see appendix 3)

## **Program Outline**

### **Stage 1**

Information on Project Clear Ear would be sent to Aboriginal Organisations for evaluation. (see appendix 4)

### **Stage 2**

- Representatives, with knowledge of individual dialects and cultural differences of communities would be chosen from each participating organization to form an operating committee.
- This committee would then liaise with the individual communities who wished to participate in Project Clear Ear.
- Associations involved with individual communities would then advertise within their area for people interested in becoming prospective teacher trainers.
- Interviews would be carried out to select interested indigenous people with knowledge of aboriginal dialects for the positions of teacher trainers.

### Stage 3

Participants chosen from the initial interviews would attend a training workshop which would cover the following:

- Presentation skills; storytelling; knowledge of basic homeopathic principles and dispensing of a combination homeopathic remedy; recognition of upper respiratory tract infections and sore ears as well as information on the need to prevent AOM.
- This information would then be translated into local dialects, and presented to chosen women within their individual communities.
- Active discussions on specific issues that may apply to particular communities concerning traditions, languages and individual community needs.
- Simple record keeping skills with charts which could be adapted to the needs of the individual communities. (see appendix 5)
- Training materials would include a common sense video, showing symptoms of upper respiratory tract infections and sore ears, training notes on homeopathy, and remedy samples.

### Stage 4

The teachers trained in Stage 3 would present information in local dialects to women who had been nominated, and endorsed, by their local communities to participate in the training workshop:

- Training of these women would be adjusted according to the educational level, and dialects of the participants, and would cover the recognition of upper respiratory tract infection and sore ears with the aid of a video. After training, the women would then become known as health carers within their community.
- Storytelling about AOM problems in the community.
- Simple instruction on the dispensing of the homeopathic remedy and the need to keep records for the Health Department. Each woman would be responsible for overseeing of a set number of children depending on their capabilities and would be encouraged to train individual mothers in recognizing the symptoms of upper respiratory tract infections.
- Record keeping would be made as simple as possible, with the phases of the moon and individual symbols to be used for each community regardless of dialect. If culturally acceptable, photos of each child under their care would be also used as identification.
- Evaluation of skills learnt would be required before the health carer commenced work within the community.

### Resources required for the delivery of the program

Across the continent aboriginal communities are pioneering a healthcare approach that may one day help indigenous communities world wide combat a universal problem, middle ear infection in children. By presenting the program to these aboriginal associations to compliment existing health care approaches, many of the initial costs for setting up a program may be overcome. Expected requirements for the delivery of the program are as follows:



- A. Funding by interested bodies.
- B. Venue for initial training workshop.
- C. Telephone hook up.
- D. Internet page for training information and email contact.
- E. Transport costs for participants. A large percentage of the costs associated with programs for remote aboriginal communities is related to the distances travelled by health workers to attend to community problems. The top end aboriginal communities are far flung, this imposes many constraints, both in cost and time. Some communities are inaccessible except by plane for six months of the year and planes can be infrequent. Merrepen, Daly River, Northern Territory, for example, has only one flight per week and an air ticket costs AU\$300 (Guthridge 1992 online).
- F. Printing: Project information; brochures; report taking materials; evaluation questioners; teacher training booklets. (see appendix 5)
- G. Filming of a short, soundless, common sense video, showing aboriginal children with the signs of upper respiratory tract infections, sore ears, and running noses. A training package on otitis media, including a video, has already been developed with advice from Indigenous communities, and is now being offered to communities across the nation, to see if they can reduce their incidence of the disease - and so give their children better prospects at school and in the community (Dunbar 2003 online). This information may be good for the initial training group, but could be to complex for the second group.
- H. Homeopathic remedies supplied by The Brauer Dispensary, South Australia. As well as being extremely safe, the cost of Homeopathic treatment is extremely low. The price of a bottle of Homeopathic pills ranges between \$5 and \$10. Each bottle supplies enough pills to treat at least 50 plus children. (see appendix 3)

### Advertising of Program

**Step 1** - A package containing a report and brochures outlining the goals of Project Clear Ear, explaining homeopathy and its benefits as a first line of defence in remote indigenous communities, would be sent to existing aboriginal organizations.

**Step 2** - Applicants for the initial training group could be recruited via a proposal to existing aboriginal organizations or higher schools of learning or through communication on a person-to-person level with members from the target community.

**Step 3** – Contact with the second group of community trainees would preferably be done by word of mouth and simple visual posters to identify influential and trustworthy people within the community, willing to become facilitators for Project Clear Ear.



The following questions could be asked to the community:

- a) Who is the most trustworthy person you would go to for advice on your child's health?
- b) Who in the community would you visit first? Or by direct observation in identifying these influential people (also called opinion leaders).



The other channels of communication could also play an additional role in the communication strategy. Radio, for example, can spread the message to a much larger audience, however in remote areas radio signals are often unstable. Posters can ensure long-term exposure to the message.

The following graph shows the effectiveness of various means of communication in reaching target groups.

Means of communication of groups	Rural women	Rural men	Urban population	Field workers	Village leaders	Government authorities	School children	General public
Television			++			++		+
Radio	+	++	++	++	++	++	++	++
Written press			+	+		++	+	++
Posters	+	+	+	++	+	+	++	+
Popular theatre	++	++	+	++	+	++		+
Video			+	+	+	++		+

Means of communication interpersonal	Rural women	Rural men	Urban population	Field workers	Village leaders	Government authorities	School children	General public
Practical demonstration	++	+	+	+			++	
Audio cassette	++	++	++	++	++	++		
Personal contact	++	++	++	++	+		++	
Brochures		+	+	++	+	+	++	+

Means of communication of groups	Rural women	Rural men	Urban population	Field workers	Village leaders	Government authorities	School children	General public
Meetings				++	++	++		
Information notes				+	++	++		
Inter-village visit		+	+		+	++	+	

+ = less effective

++ = very effective

(FAO Corporate Document Repository 2000 online)

### **Evaluation Plan**

Evaluation will be carried out by a series of questioners used to gauge the effectiveness of particular sections of the program.

#### ➤ **Evaluation of material supplied to initial aboriginal cooperative bodies interested in Project Clear Ear:**

- |    |   |     |    |        |
|----|---|-----|----|--------|
| 1. | Was the information on the clear ear project given to you adequate?   | Yes | No | Partly |
| 2. | Was the information on homeopathy understandable?   | Yes | No | Partly |
| 3. | Would you like more information on Homeopathy?  | Yes | No | Partly |
| 4. | Do you have further questions on the Clear Ear Project?   | Yes | No |        |
| 5. | Would you like to become involved with this project?  | Yes | No | Partly |
| 6. | If so, what roles can you see your organization taking?   |     |    |        |
| 7. | Do you have any additional ideas that may assist in making this project successful.                           |     |    |        |
| 8. | Do you have any other comments you would like to make?  |     |    |        |
| 9. | Would your organization be willing to advertise for participants willing to train for the teaching positions? |     |    |        |

#### ➤ **Evaluation of training for Group 1 Teachers:**

- |     |  |     |    |        |
|-----|--|-----|----|--------|
| 1.  | Do you think the material in this course is adequate for your training?  | Yes | No | Partly |
| 2.  | Do you understand the progression from upper respiratory tract infections to otitis media?   | Yes | No | Partly |
| 3.  | Do you understand how to administer the homeopathic remedy?  | Yes | No | Partly |
| 4.  | Are you able to translate this material into individual dialects?  | Yes | No | Partly |
| 5.  | Do you feel the information given in the course is simple enough the rural community women to understand?  | Yes | No | Partly |
| 6.  | Do you think that the format of the record taking is understandable for all communities?   | Yes | No | Partly |
| 7.  | If no, do you have any suggestions?  |     |    |        |
| 8.  | How many children do you think that the average women within the community would be able to monitor?   |     |    |        |
| 9.  | Do you think that this is a viable opportunity for employment for the women living in rural communities?   |     |    |        |
| 10. | Would it be possible to explain the need for preventative treatment for upper respiratory tract infections or colds in a story telling type of way? Can you give examples. |     |    |        |

**The following evaluations would be conducted by the individual community interpreters by methods suitable for each community.**

#### ➤ **Evaluation of Group 2 Health Carers:**

- |    |  |     |    |        |
|----|--|-----|----|--------|
| 1. | Are the women interested in the program?                                     | Yes | No | Partly |
| 2. | If not, why?   |     |    |        |
| 3. | Are they able to understand the need to monitor the children in their group? | Yes | No | Partly |

4.	Do the women understand how to give the homeopathic remedy?	Yes	No	Partly
5.	Do they understand how to keep the records?	Yes	No	Partly
6.	Do they understand the need to contact health officers if the Homeopathic remedies have not helped?	Yes	No	Partly

**Records to be sent to local evaluation centre fortnightly if possible depending on available transport.**

➤ **Short term Evaluation of the project by the teaching staff or community interpreter:**

1. Do you feel that the health carers are understanding the program?
2. Are they monitoring the children under their care?
3. Do you feel they need extra lessons on any particular areas? If so, which area is causing difficulty?
4. Are the Carers keeping records of the children seen?
5. Is the method of record keeping easy?
6. How do the Carers feel about having a job?
7. Have you noticed that the children are healthier in other areas other than their ears? E.g. Eyes, Nose, etc.

➤ **Short term evaluation of record keeping abilities:**

1. Can the Health carers understand and carry out the aims of the program?
2. How many children were seen this month?
3. Number of children with upper respiratory tract infection in the past month?
4. How many children have had sore ears?
5. How many children got better in 1 week?
6. How many children were still sick in 1 week?
7. Are the mothers happy to bring their children to the community health carer for homeopathic medication?
8. Do the mothers find the homeopathic medication easy to give their children?
9. Can the mothers understand the directions given by the community health carers?
10. Are the health carers happy with their new employment?
11. Would the health carers like extra training?
12. Any particular problems or ideas that the health carers would like to offer?

➤ **Evaluation after 1 year:**

1. In comparison with the previous year how many children have developed Otitis Media?
2. Is the overall health of the children better than last year?
3. Where the women able to carry out their jobs successfully?
4. Are the elders in the community happy with the program?
5. Does the community wish to continue with the program?
6. Is the community happy with the program?
7. Is the community happy with the job opportunities for the women?
8. Was there adequate communication and support given by teachers?

**Case Studies**

Case studies in relation to the effects of homeopathic remedies on overall appearance of health as well as the consequences resulting from the training and job opportunities given to the women within the communities to be taken of the target groups after 1 year.

### **Summary**

Because of untreated ear infections in remote communities, hearing loss is common in Aboriginal people. In the Darwin Rural District alone, there are about 12,000 Aborigines, of whom about half are less than 15 years old and perhaps 60% of 5,000 children are expected to have recurrent or continuing hearing loss; with significant education and social consequences (Guthridge,1992 online). If this hearing loss can be avoided trend by immediate intervention within the communities, with safe homeopathic remedies, then the future of these children will be significantly improved.

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## Appendix 1

### **Trial results for treatment of Otitis Media with Antibiotics:**

1. The following trial was carried out by Sophie Couzos, TravenLea, Reinhold Mueller, Richard Murray and Margaret Culbong into the effectiveness of antibiotics for chronic suppurative otitis media.

**Effectiveness of ototopical antibiotics for chronic suppurative otitis media in Aboriginal children: a community-based, multicentre, double-blind randomised controlled trial. Sophie Couzos, TravenLea, Reinhold Mueller, Richard Murray and Margaret Culbong MJA 2003; 179 (4): 185-**

**Objectives:** To compare the effectiveness of ototopical ciprofloxacin (0.3%; CIP) with framycetin (0.5%), gramicidin, dexamethasone (FGD) eardrops (5 drops twice daily for 9 days) together with povidone-iodine (0.5%) ear cleaning as treatments for chronic suppurative otitis media (CSOM) in Aboriginal children.

### **Clinical outcomes**

Overall, cure of CSOM was observed in 71 of the 111 children (64%). Cure was significantly correlated with the type of treatment ( $P = 0.009$ ). In the FGD group, 29 of the 56 children (51.8%) were cured compared with 42 of the 55 (76.4%) in the CIP group. This reflects an absolute difference of 24.6% (95% CI, 15.8%–33.4%). No significant difference (before and after treatment) was found in the size of TM perforation or the level of hearing impairment, nor was there a difference in these variables according to the ototopical medication used.

We found no association between clinical cure and any of the assessed potential confounders (age, sex, history of exposure to cigarette smoke inside dwellings, crowding in households, other children with CSOM in the household, duration and grade of discharge at baseline, history of prior ear infection, history of swimming with head underwater in the preceding 2 weeks, and number of visits by AHWs).



Children who were not cured after a course of ototopical medication (31/83 with baseline audiometry) were more likely to be those with poor hearing at baseline (average hearing threshold, 36.2 dB compared with 23.7 dB,  $P = 0.01$ ). No relationship between clinical cure and the initial size of the TM perforation was shown.

Children at community 2 were at decreased risk of eardrum perforation.

Both previous ear attendance and early erythromycin administration separately increased risk of perforation BUT the interaction term reduced the risk.

Presence of maternal chlamydial antibody in pregnancy increased risk of infant eardrum perforation, but this risk declined with increasing amounts of antibody.

The peak age of incidence of first observed eardrum perforation was at about 6-7 months of age, with probably another peak just after the end of the first year, although this was not convincing using only the

15-month data as we did in these analyses. Although the proportions of children with first perforations varied between the three communities, the ages of maximum incidence of first perforation were identical.

### **Other findings from the modelling**

Antibiotic administration, measured as time prior to the observed eardrum perforation, rather than as administration at a particular age, had no definite effect on risk of eardrum perforation.

Eardrum perforation was unaffected by either cotrimoxazole or penicillin / ampicillin administration at any time; the latter are usually given parenterally in the communities.

Amoxycillin was associated with higher risk of eardrum perforation if given at  $\leq 150$  days age.

### **Discussion**

The discordance between health clinic recording of eardrum abnormalities and the subsequent observation of eardrum perforation suggested that recording of an eardrum abnormality may have been associated with effective action which reduced eardrum perforation, in at least some communities. The reasons are not clear, but the earlier age of presentation may have meant that mothers in such communities were more likely to present with a symptomatic child at a younger age. It may have been that health staff were more aware of potential ear problems, or it may have been that they gave a specific treatment so were stimulated to record the attendance in the chart more often than those for whom no specific measure was suggested.

The differences in antibiotic administration between the communities when taken in conjunction with the differences in eardrum perforation rates, suggest that eardrum perforation may be influenced by antibiotics, but the nature of the relationship was not clear from these data. The initial eardrum abnormalities resulting in perforation are probably determined in the first few weeks of life, a period which was not examined in detail in this study, and which will be an important area for future studies. The role of antibiotics at this stage will need to be evaluated.

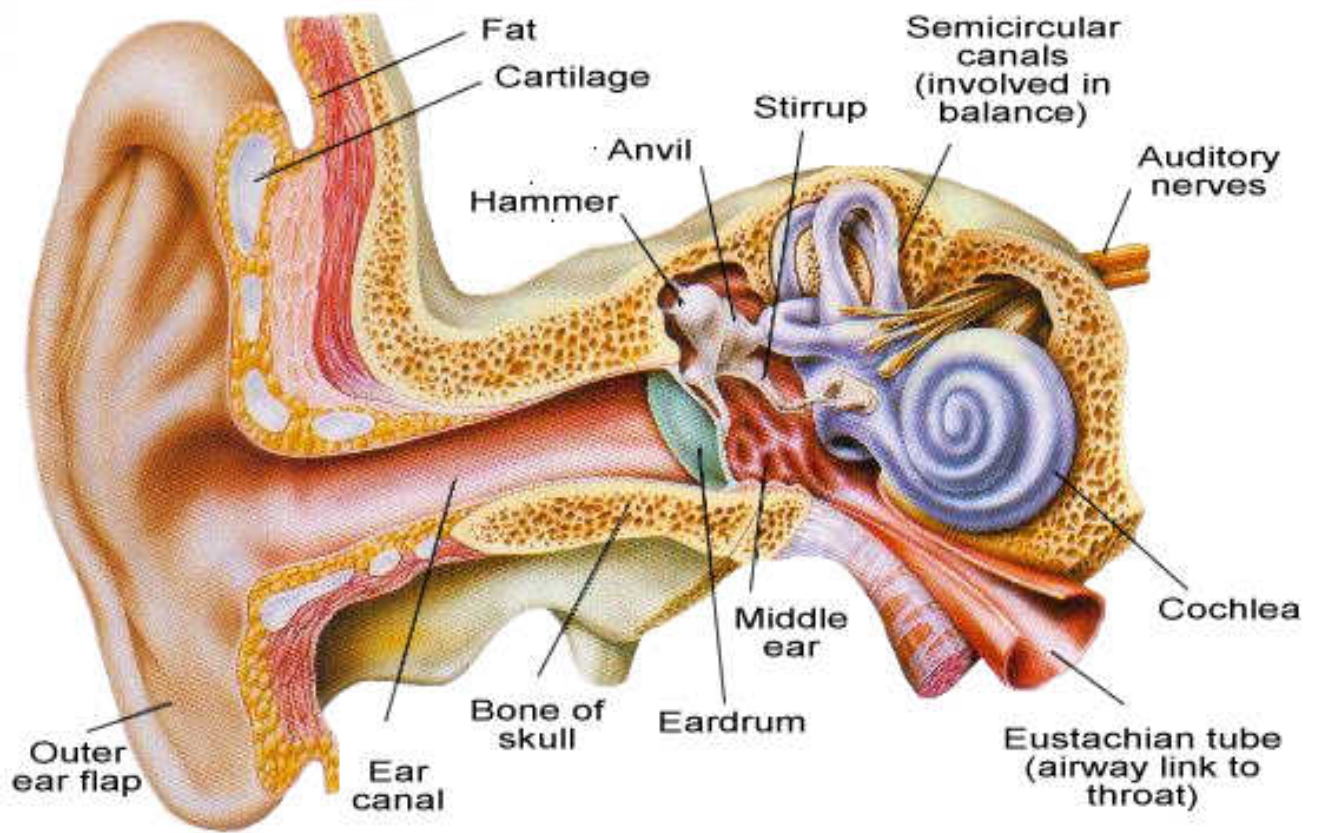
Our data suggest that vertical transmission of *C. trachomatis* from the mother is not the major route by which infants in these communities acquired chlamydial infection in the first two years of life. The most likely pools of chlamydial infection are other children and siblings under five years old.

We were not able to show a direct relationship between *C. trachomatis* and eardrum perforation in this study. The finding that a high level of antichlamydial antibody was associated with a reduced incidence of eardrum perforation is intriguing. We cultured for only *C. trachomatis* as this was the only chlamydial pathogen thought to be important in infants at the time the study was started. However the stored sera from the project will be examined for evidence of *C. pneumoniae* infection, as this recently-described human respiratory tract pathogen is a very likely candidate for association with middle ear problems (Couzos, et al).

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## Appendix 2

### What is Homeopathy?

The science of homeopathy is an ancient law which was in operation thousands of years ago and which became lost in antiquity. In 1793 it was rediscovered by a German M.D., Samuel Hahnemann (1755 – 1843) who was dissatisfied and frustrated with the healing methods of his day. He found that by potentizing and diluting the medicinal substance and using the law of “like cures like” he was able to cure without unwanted side effects.

Homeopathy, Naturopathy, Chinese and Herbal Medicines use similar ingredients. They are derived from plant, mineral or animal sources. The difference is that the quantity of active ingredients in Homeopathic Medicine is infinitesimal. Because it is given in minute doses it is extremely safe and non-toxic. Homeopathy has been used for the past 200 years on the old, the pregnant and the new born.

Homeopathic remedies can be taken alongside conventional medicine and do not replace orthodox medical advice.

‘In Germany 20% of Medical Practitioners and 90% of Veterinarians use Homeopathy. In the UK there are 5 Homeopathic hospitals run by the British Natural Health Service. In 1992 study found that 42% of British Medical Doctors refer their patients to Homeopathic treatment, and in 2001, 20% of Scottish GP’s had been trained in homeopathy’ (Medhurst, 2004: 10: 4:153).

‘The French Medical Association has called for Homeopathy to be included in all Medical training. In the Netherlands, 45%, in Belgium 85%, and in India 54% of Medical Practitioners prescribe homeopathic treatment for their patients. In the USA 58% of US Medical Schools teach Homeopathy. Unfortunately Australia is lagging behind these other countries, and a recent study said that only 1.2% of Australians use Homeopathic Medicines’ (Medhurst, 2004: 10: 4:153).



Homeopathy has attracted support from many of the most respected members of society. Its advocates included William James, Henry Wadsworth Longfellow, and many more. John D. Rockefeller referred to homeopathy as "a progressive and aggressive step in medicine"; the fact that he was under homeopathic care throughout the latter part of his life may be one reason he lived 99 years.

Homeopathy's popularity among respected classes was also evident in Europe. Besides its patronage by Britain's Royal Family dating from the 1830s, homeopathy could count among its supporters Charles Dickens, W.B. Yeats, William Thackeray, Benjamin Disraeli, Johann Wolfgang Goethe, and Pope Pius X.

However, probably the most important reason that homeopathy developed such immense popularity was its success in treating the various infectious epidemic diseases that raged throughout America and Europe during the 1800s. Statistics indicate that the death rates in homeopathic hospitals from these epidemics



were often one-half to as little as one-eighth those in orthodox medical hospitals. Cincinnati Homeopaths were so successful in treating people during the 1849 cholera epidemic that homeopaths published a daily list of their patients in the newspaper, giving names and addresses of those who were cured and those who died. Only 3% of the 1,116 homeopathic patients died, while between 48-60% of those under orthodox medical treatment died.



The success of homeopaths in treating the yellow fever epidemic of 1878 that spread throughout the south was so impressive that homeopathy finally began to be noticed in the region. Deaths rates for those under homeopathic care were approximately one-third what they were for those using orthodox medicine.

Besides offering effective treatment for infectious diseases, homeopaths provided care for a wide range of acute and chronic disease. The observation that patients under homeopathic care lived longer led some life insurance companies to offer a 10% discount to homeopathic patients. There is also actuarial evidence that more life insurance money was paid to beneficiaries of homeopathic patients because these people lived longer (Ullman 1991 online).

### **Why use homeopathy and not Antibiotics for Otitis Media?**

Homeopathic Remedies can be used as a first line of defence in the treatment of Otitis Media. They are not meant to replace conventional treatment, but in many cases may negate the need for Antibiotics, thus saving the community funds and manpower.

### **Homeopathy has been found to have:**

**No side effects:** Homeopathy has no side effects. In all the millions of cases treated with homeopathy it has never been shown to be toxic to the body. It is suitable for pregnant women, infants and children.

**Safety:** Homeopathy is safe. Millions of lay people use it to help themselves and their families without any dangerous physical repercussions. Even if accidentally an incorrect homeopathic remedy is used, no harm can be done. The body ignores the remedy and no harmful effects are produced.

**Low cost:** Homeopathy is economical. It is much less expensive than prescription drugs, and it has a very long shelf life (Natural Healing Today online).

### Peer Reviewed Trials

#### **1. Acute Otitis Media in Children: A Comparison of Conventional and Homeopathic Treatment**

K.H. Friese, S. Kruse, H. Moeller

##### **Abstract:**

This study of 131 children allowed parents to choose homeopathic or conventional medical care from their ear, nose, and throat doctor. 103 children underwent homeopathic treatment, while 28 underwent conventional care. They found that the total recurrences of the homeopathic treated group was 41 per patient, while the antibiotic treatment group was 70 per patient. Of the "homeopathic" children who did have another earache, 29.3% had a maximum of three recurrences, while 43.5% of the "antibiotic" children had a maximum of six recurrences (The pediatric infectious disease journal).

#### **2. Homeopathic treatment of acute otitis media in children: a preliminary randomized placebo-controlled trial.** Jennifer Jacobs MD, David Springer, MD, Dean Crothers, MD.

##### **Abstract:**

**Background.** The use of antibiotics in the initial treatment of acute otitis media is currently being questioned. Homeopathy has been used historically to treat this illness, but there have been no methodologically rigorous trials to determine whether there is a positive treatment effect.

**Methods.** A randomized double blind placebo control pilot study was conducted in a private pediatric practice in Seattle, WA. Seventy-five children ages 18 months to 6 years with middle ear effusion and ear pain and/or fever for no more than 36 hours were entered into the study. Children received either an individualized homeopathic medicine or a placebo administered orally three times daily for 5 days, or until symptoms subsided, whichever occurred first. Outcome measures included the number of treatment failures after 5 days, 2 weeks and 6 weeks. Diary symptom scores during the first 3 days and middle ear effusion at 2 and 6 weeks after treatment were also evaluated.



**Results.** There were fewer treatment failures in the group receiving homeopathy after 5 days, 2 weeks and 6 weeks, with differences of 11.4%, 18.4% and 19.9%, respectively, but these differences were not

statistically significant. Diary scores showed a significant decrease in symptoms at 24 and 64 hours after treatment in favour of homeopathy ( $P < 0.05$ ). Sample size calculations indicate that 243 children in each of 2 groups would be needed for significant results, based on 5-day failure rates.

**Conclusions.** These results suggest that a positive treatment effect of homeopathy when compared with placebo in acute otitis media cannot be excluded and that a larger study is justified. (C) 2001 Lippincott Williams & Wilkins, Inc.

### **3. A randomized comparison of homoeopathic and standard care for the treatment of glue ear in children.** H. Harrison, A. Fixsen, A. Vickers.

#### **Abstract:**

**OBJECTIVE:** To pilot a model for determining whether homoeopathic treatment of children suffering from glue ear is more effective than standard GP care at producing a return to normal hearing (a hearing loss of less than 20 dB) within 12 months.

**DESIGN:** Non-blind, randomized controlled trial.

**SETTING:** General practice in two locations in southern England.

**SUBJECTS:** Thirty-three children aged 18 months to 8 years with otitis media with effusion, hearing loss  $> 20$  dB and an abnormal tympanogram.

**OUTCOME MEASURES:** Hearing loss, tympanogram, referrals to specialists and number of courses of antibiotics at 12 month follow-up.

**RESULTS:** A higher proportion of children receiving homoeopathic care had a hearing loss less than 20 dB at follow-up (64 vs 56%), though this difference did not reach statistical significance (95% confidence interval for the difference between means of -25 and 42%). More homoeopathy patients than controls had a normal tympanogram (75 vs 31%,  $P = 0.015$ ). Referrals to specialists and antibiotic consumption was lower in the homoeopathy group, though differences between groups did not reach statistical significance.

**CONCLUSION:** Further research comparing homoeopathy to standard care is warranted. Assuming recovery rates of 50 and 30% in homoeopathy and standard care groups respectively, 270 patients would be needed for a definitive trial.

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<http://www.pidj.com/pt/re/pidj/abstract.00006454-200102000-00012.htm;jsessionid=C5rIueC84zOjXn1TrTNnEKr5ll1llN6OpvRKwIBsIO9wDyrIUgzF!-644112288!-949856032!9001!-1>

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## Appendix 3

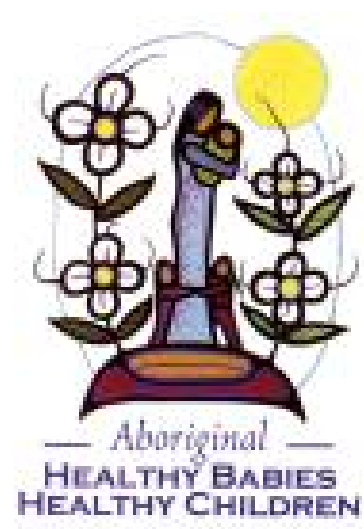
### Costs

As well as being extremely safe, the cost of homeopathic treatment is extremely low. The price of a bottle of homeopathic pills ranges between AU\$5 and AU\$10. Each bottle supplies enough pills to treat at least 50 plus children.

In 1999, French Government Report showed a significantly reduced cost from homeopathic care versus conventional medical care. The totality of costs associated with homeopathic care per physicians was approximately one-half of the totality of care provided by conventional primary care physicians. However, because homeopathic physicians, on average, saw significantly fewer patients, the overall cost per patient under homeopathic care was still a significant 15% less. It is also interesting to note that these savings appear to increase the longer a physician has been using homeopathy (Ullman 1995 online).

### References

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## Appendix 4

### Forming alliances

There are many health bodies working in the area of aboriginal health that may be interested in Project Clear Ear as an adjunct to their particular programs. Forming alliances and sharing materials already developed by other organizations, such as the training packages on diagnosing the four kinds of Otitis media and an ear video workbook, (O'Donoghue 2002) developed by the Co-operative Research Centre for Aboriginal and Tropical Health, may assist in keeping costs down for Project Clear Ear.

The NSW Government has an Otitis Media Strategic Plan for Aboriginal Children in place to encourage early detection of otitis media in aboriginal children, particularly those aged under five years.

The Aboriginal community has funding in place for health professionals, however there is community overload at the health care level. In Merrepen, the health centre has 1.5 sisters and 2 trainee health workers for the population of 250. The average time that a bush nurse stays in a community is 9 months.

Aboriginal Health Workers (AHWs) are more suitable for work in their communities but they often lack understanding, training and the skills to be confident or competent, and again the turnover of health workers is high (Guthridge: 1992 online).

The aim of Project Clear Ear, is to develop a program for aboriginal health workers, within their own communities, that is easy to follow and implement, without the need to retain complicated medical information

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<http://www.craah.org.au/index.cfm?attributes.fuseaction=docSearch&search=y>

The Co-operative Research Centre of Aboriginal Health Home Page. <<http://www.craah.org.au>>



**Appendix 5**

**Proposed example of a Weekly Chart**

INFORMATION							
	 1	 2	 3	 4	 5	 6	 7
 TATS							
 OSK							

**‘Light Body Health Sciences’, being Energy Medicine, is the next major advancement in health management:**

**Kinesiology is the interface between the linear and the non-linear.**

<b>LIGHT BODY HEALTH SCIENCE</b>	<b>Energy Calibration</b>
<b>Homeopathy David Little (practitioner + modality)</b>	<b>800</b>
<b>Homeopathy Rajan Sakaran (practitioner + modality)</b>	<b>720</b>
<b>Consciousness Levels Calibrations - Kinesiology</b>	<b>605</b>
<b>Clinical Kinesiology</b>	<b>600</b>
<b>Orion Healing</b>	<b>600</b>
<b>Journey Process</b>	<b>600</b>
<b>Light Body Work (practitioner + modality)</b>	<b>600</b>
<b>Homeopathy Soham Foundation (practitioner + modality)</b>	<b>550</b>
<b>TWELVE-STEP RECOVERY PROGRAMS</b>	
<b>Alcoholics Anonymous</b>	<b>540</b>
<b>SCIENCE CLINICAL</b>	
<b>Psychoanalysis (Freud)</b>	<b>460</b>
<b>Psychoanalysis (Jung)</b>	<b>460</b>
<b>Energy Medicine</b>	<b>460</b>
<b>Pharmacology</b>	<b>450</b>
<b>America’s Best Hospitals</b>	<b>450</b>
<b>Surgery</b>	<b>440</b>
<b>Internal Medicine</b>	<b>440</b>
<b>Medicine, General</b>	<b>440</b>
<b>Medicine, Holistic</b>	<b>440</b>
<b>Psychiatry</b>	<b>440</b>
<b>Acupuncture</b>	<b>405</b>
<b>Oriental Medicine</b>	<b>395</b>
<b>DBT Psychology</b>	<b>385</b>
<b>Clinical Psychology</b>	<b>380</b>
<b>Psychiatric Hospitals</b>	<b>355</b>
<b>Homeopathy General</b>	<b>200</b>
<b>Nursing Homes</b>	<b>200</b>
<b>Hospitals</b>	<b>180</b>
<b>DRUGS &amp; ALCOHOL</b>	
<b>Alcohol Addiction</b>	<b>90</b>
<b>Cocaine, Heroin, Methamphetamines</b>	<b>6</b>

**'Light Body Health Sciences'** are particularly successful when three elements line up together, these elements being:

- ✓ The patient / friend is confident that the treatment modality is efficacious. When the friend is receptive to the treatment being offered and that he/she is willing to feel into his/her underlying emotional issues which are the cause of the ailment and issues emerging within the physical body, then the potentiality for a successful treatment is greatly enhanced. The friend needs to be desirous to experience and to achieve a release of the underlying cause, that is, the erroneous emotions creating the ailment.
- ✓ The modality that is being offered as the treatment vehicle is efficacious. That can readily be determined by applying kinesiology muscle testing and calibrating the integrity of the modality as it applies to Dr David Hawkins' Map of Consciousness scale. Anything that calibrates under 200 is not efficacious, in fact it is life threatening. As the calibration reading increases up the scale, then the more efficacious it is. Modalities that calibrate over 500 are very efficacious, being love orientated.
- ✓ The consciousness or soul condition of the practitioner best be in good condition. Generally speaking, health carers generally are loving people, otherwise they would not consider this career path. That is, it is most likely that they will calibrate over 500 on the Map of Consciousness. When a practitioner is in the space above 600, they usually have a very powerful reputation resulting from their extra-ordinary successes in treating friends.

When a practitioner is distracted by earthly pressures and pursuits, it is time to remind such practitioner to pray for and ask to receive divine love. Divine Love is the only substance that changes one's soul from the human to the divine.

October 11, 1917 – George Whitefield

**Book of Truths**

**'When a man shall receive in his soul sufficient amount of the divine love, there will come with it to that man a power and knowledge of the laws governing the relation of spirit to material organism that will enable that man to perform these same acts that are called miracles; and further, there will be some who will have that power and will demonstrate the same in confirmation of the truths that you are receiving.'**

Thus, all treatment programs require a three way cooperation; patient / friend, modality, and practitioner. When these three aspects all are positively in alignment then the treatment will be wonderfully successful. If one element is not lined up, then the treatment will most likely be ineffective.

July 9, 1917 – Jesus

**Book of Truths**

**'Well, my brother, I see that you are much better than you have been for some days past, and that you have prayed more to the Father for the inflowing of His love, and, as a consequence, have more of it in your soul, and are in a better condition spiritually and physically.'**

The ultimate healing modality is asking for and receiving **Divine Love**.

<b>MAP of CONSCIOUSNESS (MoC)</b>					
<b>God-view</b>	<b>Life-view</b>	<b>Level</b>	<b>Log</b>	<b>Emotion</b>	<b>Process</b>
Self	Is	<b>Enlightenment</b>	<b>700 - 1,000</b>	Ineffable	Pure Consciousness
		↑			
All-Being	Perfect	<b>Peace</b>	<b>600</b>	Bliss	Illumination
		↑			
One	Complete	<b>Joy</b>	<b>540</b>	Serenity	Transfiguration
		↑			
Loving	Benign	<b>Love</b>	<b>500</b>	Reverence	Revelation
		↑			
Wise	Meaningful	<b>Reason</b>	<b>400</b>	Understanding	Abstraction
		↑			
Merciful	Harmonious	<b>Acceptance</b>	<b>350</b>	Forgiveness	Transcendence
		↑			
Inspiring	Hopeful	<b>Willingness</b>	<b>310</b>	Optimism	Intention
		↑			
Enabling	Satisfactory	<b>Neutrality</b>	<b>250</b>	Trust	Release
		↑			
Permitting	Feasible	<b>Courage</b>	<b>200</b>	Affirmation	Empowerment
		↓			
Indifferent	Demanding	<b>Pride</b>	<b>175</b>	Scorn	Inflation
		↓			
Vengeful	Antagonistic	<b>Anger</b>	<b>150</b>	Hate	Aggression
		↓			
Denying	Disappointing	<b>Desire</b>	<b>125</b>	Craving	Enslavement
		↓			
Punitive	Frightening	<b>Fear</b>	<b>100</b>	Anxiety	Withdrawal
		↓			
Disdainful	Tragic	<b>Grief</b>	<b>75</b>	Regret	Despondency
		↓			
Condemning	Hopeless	<b>Apathy</b>	<b>50</b>	Despair	Abdication
		↓			
Vindictive	Evil	<b>Guilt</b>	<b>30</b>	Blame	Destruction
		↓			
Despising	Miserable	<b>Shame</b>	<b>20</b>	Humiliation	Elimination
<p><b>Power vs Force</b> by David R Hawkins, MD, PhD – the Hidden Determinants of Human Behaviour  ISBN: 1-56170-933-6 published Hay House Australia Pty Ltd <a href="http://www.hayhouse.com.au">www.hayhouse.com.au</a>  Or <a href="http://www.veritaspub.com">www.veritaspub.com</a> for the trilogy Power vs Force, The Eye of I, and I, Reality and Subjectivity.</p>					





## 'Healing'



This document overall:

Map of Consciousness calibration 800